



Washington State Board of Pharmacy
1300 Quince Street SE
PO Box 47863
Olympia WA 98504-786
(360) 236-4826

INTERN SITE EVALUATION REPORT

NOTE: *This form must be submitted to the Board office upon completion of an internship experience. No internship hours will be accepted without this evaluation report pursuant to WAC 246-858-050(1). If the internship experience exceeds twelve (12) months, it is recommended that this form be submitted annually.*

NAME OF INTERN

NAME OF PRECEPTOR

NAME OF INTERNSHIP SITE

Intern evaluation of preceptor:

Intern evaluation of internship program at this site:

SIGNATURE OF INTERN

DATE